



TODAY'S DATE: _____ / _____ / _____

TOWN OF ISLIP

OFFICE OF THE SUPERVISOR
Department of Personnel and Labor Relations

TOWN HALL • 655 Main Street • Islip NY, 11751
Phone (631) 224-5520 • Fax (631) 224-5771

Before answering the following questions, please be advised that the Town of Islip does not discriminate in employment practices because of race, creed, color, national origin, sex, age, disability, and marital status or arrest records. Please print all answers below.

Position applied for _____ Full-Time ☐ Part-Time ☐

If Part-Time, days and hours available _____

Were you previously employed by us? ☐ Yes ☐ No

If yes, when _____

and what position? _____

PERSONAL INFORMATION

Mr. / Mrs. / Miss / Ms. ← (Circle One)

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number (cell) _____ (home) _____

Social Security #: _____

Have you ever been convicted of any crime (felony or misdemeanor)? ☐ Yes ☐ No

Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge? ☐ Yes ☐ No

Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? ☐ Yes ☐ No

Did you ever resign from any employment rather than face dismissal? ☐ Yes ☐ No

Did you ever receive a discharge from the Armed Forces of the United States which was other than honorable or which was issued under other honorable circumstances? ☐ Yes ☐ No

If you answered "yes" to any of the above five questions, please provide details:

Date of Birth _____ / _____ / _____ Are you over 18 years of age? ☐ Yes ☐ No

Are you a veteran of the U.S. Forces? ☐ Yes ☐ No

Are you an exempt volunteer firefighter? ☐ Yes ☐ No

Do you have any certifications, licenses, or CDL's? ☐ Yes ☐ No

If yes, please indicate which _____

EDUCATION INFORMATION

	Name of School	Course/ Major	Circle Last Year Completed	Did you Graduate?	Degree
High School			9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate/Other			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT INFORMATION

Most recent position first. You may attach resume if available.

		Length of Employment	Position Held	Describe duties	Last Salary	Reason for Leaving
Company Name						
Employer Name						
Address						
Company Name						
Employer Name						
Address						
Company Name						
Employer Name						
Address						

May we contact the employers? ☐ Yes ☐ No

TWO REFERENCES (Not Relatives)

Name	Address	Telephone #
		() -
		() -

Add any other information you consider relevant to your employment application.

The facts set forth in this application are true and complete. I understand that any false statement is cause for immediate dismissal. I also understand that a pre-employment examination relative to minimum physical standards for employment may be necessary.

(Signature)